



# UNITED STATES PATENT AND TRADEMARK OFFICE

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| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/545,628      | 04/07/2000  | Richard Tad Lepman   | Berk-37617          | 2145             |

7590 08/22/2005

Scott W Kelley  
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6320 Canoga Avenue  
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EXAMINER

RUDY, ANDREW J

ART UNIT

PAPER NUMBER

3627

DATE MAILED: 08/22/2005

Please find below and/or attached an Office communication concerning this application or proceeding.

**NOTICE REQUIRING EXCESS CLAIMS FEES**

The excess claim(s) filed on 7/27/05 is not accompanied by the appropriate payment of excess claims fees set forth in 37 CFR 1.16(h)-(j) or 1.492(d)-(f). Excess claims fees are required for each claim in independent form in excess of three (§ 1.16(h)), each claim (whether dependent or independent) in excess of twenty (note that § 1.75(c) indicates how multiple dependent claims are considered for fee calculation purposes) (§ 1.16(i)), and each application that contains a multiple dependent claim (§ 1.16(j)).

Since the application is not under a final rejection, applicant is given a time period of **ONE (1) MONTH or THIRTY (30) DAYS** from the mailing date of this notice, whichever is longer, to submit either: (1) the fee payment of \$\_\_\_\_, or (2) an amendment in compliance with 37 CFR 1.121 that cancels the excess claim(s), in order to avoid **ABANDONMENT**. Extensions of this time period may be granted under 37 CFR 1.136, unless the excess claim(s) was presented in a preliminary amendment.

- ☐ 1. The funds in Deposit Account No. \_\_\_\_\_ are insufficient to cover the entire fee due. The balance is due within the time period set forth in this notice. See note below regarding the appropriate service charge.
- ☐ 2. The Credit Card payment to cover the entire fee due to Account \_\_\_\_\_ (Card type + last 4 digits ONLY) was refused. The balance is due within the time period set forth in this notice. See note below regarding the appropriate service charge.
- ☒ 3. The amendment that includes the excess claim(s) has not been entered, since applicant has failed to remit (or authorize charge to a Deposit Account or Credit Card) the fee as indicated on the attached Patent Application Fee Determination Record (PTO/SB/06). Remittance or authorization is due within the time period set forth in this notice.
- ☒ 4. The fee submitted in this application is insufficient. A balance of \$ 650.00 is due for presentation of excess claims (37 CFR 1.16(h)-(j) or 1.492(d)-(f)).
- ☐ 5. Other.

Explanation (Provide specific details of the required correction in order to assist the applicant. Indicate whether a service charge has been added to the fee due):  
\_\_\_\_\_

THE AMOUNT OF THE FEE(S) DUE IS SUBJECT TO CHANGE, GENERALLY ON OCTOBER 1 OF EACH YEAR (37 CFR 1.16, 1.21 & 1.492). THE AMOUNT OF THE FEE(S) DUE IS DETERMINED AS OF THE DATE A COMPLETE REPLY WITH THE APPROPRIATE FEE(S) IS RECEIVED BY THE OFFICE (37 CFR 1.8 & 1.10). BECAUSE THE AMOUNT DUE IS SUBJECT TO CHANGE, IT IS RECOMMENDED THAT APPLICANT CHECK THE CURRENT FEE SCHEDULE WHICH IS AVAILABLE ON THE USPTO'S WEBSITE AT: <http://www.uspto.gov/web/offices/ac/qs/ope/fees.htm>

**Service Charges:** There is a \$50 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21(m)). There is a \$25.00 service charge for each month when the balance of a deposit account is below \$1000 at the end of the month (37 CFR 1.21(b)(2)).

*Charmain M. Pappas*  
(571) 272-6612  
Technical Support Staff (TSS)

**Note to TSS:** Please do NOT use this notice if the application is under a final rejection.

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

09/545,628

## CLAIMS AS FILED - PART I

|  | (Column 1)   | (Column 2)   |
|--|--------------|--------------|
| TOTAL CLAIMS   |              |              |
| FOR  | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                    | minus 20=    | *            |
| INDEPENDENT CLAIMS   | minus 3 =    | *            |
| MULTIPLE DEPENDENT CLAIM PRESENT. <input type="checkbox"/> |              |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE ☐

OR OTHER THAN  
SMALL ENTITY

| RATE      | FEE    |    | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 150.00 | OR | BASIC FEE | 300.00 |
| X\$ 25=   |        | OR | X\$50=    |        |
| X100=     |        | OR | X200=     |        |
| +180=     |        | OR | +360=     |        |
| TOTAL     |        | OR | TOTAL     |        |

## CLAIMS AS AMENDED - PART II

|   | (Column 1)                                |       | (Column 2)                                  | (Column 3)       |
|---|---|-------|---|------------------|
|   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
| Total   | * 53                                      | Minus | ** 43                                       | = 10             |
| Independent   | * 7                                       | Minus | *** 3                                       | = 4              |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |       |   |                  |

SMALL ENTITY

OR OTHER THAN  
SMALL ENTITY

| RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|----|---------------------|------------------------|
| X\$ 25=             | 250.00                 | OR | X\$50=              |                        |
| X100=               | 400.00                 | OR | X200=               |                        |
| +180=               |                        | OR | +360=               |                        |
| TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE |                        |

|   | (Column 1)                                |       | (Column 2)                                  | (Column 3)       |
|---|---|-------|---|------------------|
|   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
| Total   | *   | Minus | **  | =                |
| Independent   | *   | Minus | ***   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |       |   |                  |

| RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|----|---------------------|------------------------|
| X\$ 25=             |                        | OR | X\$50=              |                        |
| X100=               |                        | OR | X200=               |                        |
| +180=               |                        | OR | +360=               |                        |
| TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE |                        |

|   | (Column 1)                                |       | (Column 2)                                  | (Column 3)       |
|---|---|-------|---|------------------|
|   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
| Total   | *   | Minus | **  | =                |
| Independent   | *   | Minus | ***   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |       |   |                  |

| RATE    | ADDI-<br>TIONAL<br>FEE |    | RATE   | ADDI-<br>TIONAL<br>FEE |
|---------|------------------------|----|--------|------------------------|
| X\$ 25= |                        | OR | X\$50= |                        |
| X100=   |                        | OR | X200=  |                        |
| +180=   |                        | OR | +360=  |                        |